National Multiple Sclerosis Society
Upstate New York Chapter

Video Request Form

If you would like to receive any of the National Multiple Sclerosis Society (NMSS) health related materials, please check **the one** you would like and return this form with your name and address. These videos are to be returned to NMSS **one month after the rental date**.

SOCIAL & FAMILY ASPECTS (S&F)

☐ Healing Yoga for Every Body
☐ MS Active Wellness Fitness with Katrina
☐ MS Exercise Theory
☐ My MS Yoga
☐ Serenity in Action
☐ Someone to Listen To
☐ Talking with Your Children about MS
☐ There is Help. Living with MS and Tying Mother's Shoes
☐ They Didn't Know Until They Tried
☐ Timmy's Journey to Understanding MS
☐ Yogability and You

PATIENT MANAGEMENT (PM)

☐ An Introduction to MS
☐ Clinical Trials – To Repair and Protect
☐ Getting There Staying Mobile with MS
☐ Fatigue Take Control Tape 1
☐ Fatigue – Take Control Tape 2
☐ Hold That Thought: Cognition and MS
☐ MS Fitness
☐ MS The Genetic Connection
☐ MS Next Step
☐ Safe and Assisted Transfers

ADDITIONAL RESOURCES (ADD)

☐ A House for All Children
☐ Barrier Free Lifts
☐ Building and Remodeling for Accessibility
☐ Career Crossroads – Employment in MS
☐ Interactive Case Studies in MS
☐ My Life, My MS, My Decision

REFERENCE (REF)

☐ Repairing the Nervous System in MS: Progress and Next Steps, January 11, 2011

RESEARCH

☐ CCSVI Web Forum

PERSONAL STORIES (PS)

☐ Mike Schlappi – If You Can't Stand Up, Stand Out!

CD's AVAILABLE

☐ Anne Lang SSI & SSDI Specialist Disc 1
☐ Anne Lang SSI & SSDI Specialist Disc 2
☐ Clinical Trials – To Repair and Protect
☐ Comfort at Home – Caregiver's Let's Take Care of You
☐ Fall Down Laughing – by David Lander – CD
☐ MS and Pregnancy
☐ Pediatric MS
☐ The Sleepsafe Bed System

I am a: ☐ Person with MS
☐ Family Member
☐ Health-Care Professional
☐ Other

Requests can be returned to:
National MS Society Upstate NY Chapter
1650 South Ave., Suite 100
Rochester, NY 14620-3901
Phone: (585) 271-0801
Fax: (585) 442-2817

(Please Type or Print)

Name: _____
Address: _____
_____
City: _____
State: _____ Zip: _____
Phone: (____)_____